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Item 5 (h) of the provisional agenda*

Matters for consideration or action by the Conference of the Parties: cooperation with the World Health Organization and the International Labour Organization

Cooperation with the World Health Organization and the International Labour Organization

Note by the secretariat

1. In paragraph 2 of article 16, on health aspects, the Minamata Convention on Mercury specifies that the Conference of the Parties, in considering health-related issues or activities, should consult and collaborate with the World Health Organization (WHO), the International Labour Organization (ILO) and other relevant intergovernmental organizations, as appropriate, and should promote cooperation and exchange of information with those organizations, as appropriate.

2. At its first meeting, held in Geneva from 24 to 29 September 2017, the Conference of the Parties to the Minamata Convention requested the secretariat to continue to actively engage in cooperation and collaboration with WHO, ILO and other relevant organizations in the implementation of the Minamata Convention.

3. The key areas for such cooperation and collaboration with WHO include mercury thermometers and sphygmomanometers in health care, antiseptics, skin-lightening products and dental amalgam (art. 4 and annex A); public health strategies for artisanal and small-scale gold mining (art. 7 and annex C); human health risk assessment for contaminated sites (art. 12); the "health aspects" article (art. 16); health information exchange (art. 17); public information, awareness and education on human health (article 18); and health-related research, development and monitoring (art. 19), where ministries of health are envisaged to play a leading role. In addition, the secretariats of WHO and the Minamata Convention collaborate to support capacity-building and technical assistance (article 14) and effectiveness evaluation (art. 22).

4. The secretariat has undertaken many cooperative activities with WHO in the period since the first meeting of the Conference of the Parties, including participating in regional workshops promoting the Convention to health ministries, as well as technical cooperation on guidance documents and enquiries on matters related to health issues. WHO has participated in the intersessional work on effectiveness evaluation, making major contributions to the draft report prepared by the group of experts. An update on the activities of WHO relevant to the Minamata Convention is set out in the annex to the present note.

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5. The key areas for cooperation and collaboration with ILO include the development and implementation of science-based educational and preventive programmes on occupational exposure to mercury and mercury compounds and the establishment and strengthening of institutional and health professional capacity for the prevention, diagnosis, treatment and monitoring of health risks related to exposure to mercury and mercury compounds.

6. Opportunities for cooperative activities with ILO have been more limited in this period. However, the secretariat continues to engage with the organization through the Inter-Organization Programme for the Sound Management of Chemicals, the international coordinating mechanism on chemicals management.

Suggested action by the Conference of the Parties

7. The Conference of the Parties may wish to request the secretariat to continue active cooperation and collaboration on health-related issues with the relevant intergovernmental organizations, in particular WHO and ILO. The Conference of the Parties may wish to consider ways in which to operationalize the implementation of paragraph 2 of article 16, including the possibility of formalizing cooperative arrangements.

Annex

Work of the World Health Organization relevant to the Minamata Convention on Mercury

1. Collaboration between the World Health Organization (WHO) and the Conference of the Parties to and secretariat of the Minamata Convention on Mercury stems from the Convention text, in particular paragraph 2 of article 16; the resolution on matters pertaining to other international bodies of the Conference of the Plenipotentiaries; and World Health Assembly (WHA) resolution WHA67.11 on public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention.

2. In the period from June 2017 to July 2018, WHO activities relevant to the Minamata Convention have focused on the following.

WHO guidance on prioritization and planning for implementation of the health-related articles of the Minamata Convention

3. Owing to the multiple roles required of ministries of health in implementing the Minamata Convention, WHO is developing guidance on overall prioritization and planning for implementation of the health-related articles of the Convention. This short "umbrella" document will reference technical guidance already prepared by WHO and provide additional guidance on the mainstreaming of mercury actions into various health programmes in support of article 16 on health aspects.

Regional workshops convened by WHO

4. WHO has completed a series of regional workshops to raise awareness and promote networking among ministries of health to support the implementation of the Minamata Convention and resolution WHA67.11.

5. Further to earlier workshops for the WHO regions of the Americas, Europe, and the Eastern Mediterranean, workshops were held for the WHO Western Pacific region in Minamata, Japan, on 29 and 30 June 2017, co-organized by WHO, the Ministry of the Environment of Japan and the Minamata city government; for the WHO South-East Asia region in Bangkok on 3 and 4 July 2017; and for the Africa region in Johannesburg, South Africa, on 9 and 10 April 2018. A booklet summarizing the outcomes of the WHO workshops is in preparation, for release in November 2018.

Minamata initial assessments

6. In 2017, WHO, as co-executing agency of a Minamata initial assessment project funded by the Global Environment Facility (GEF), supported seven francophone countries (Benin, Burkina Faso, Guinea, Mali, Niger, Senegal and Togo) to successfully implement activities to complete their pre-ratification preparations under the Minamata Convention. The project supported the conduct of initial assessments on the use and management of mercury in the health system and produced communication materials on the health impacts of mercury. Based on the support provided, countries have been able to better undertake policy and strategic decision-making based on evidence as well as identify priority areas for interventions. In order to facilitate sharing of experiences and best practices among the countries to curb mercury use, WHO has developed communication materials reinforcing the role of the health sector in the implementation of the Minamata Convention.

Artisanal and small-scale gold mining

7. WHO has worked towards the development of a guidance document for health ministries on addressing the health impacts of artisanal and small-scale gold mining (ASGM). The initiative was established in response to resolution WHA67.11 and draws on a member State consultative process.

8. In addition, WHO is piloting the use of the guidance in three African countries that are in the process of developing wider national action plans on ASGM as required under the Convention. The pilot work has been carried out in Ghana, Mozambique and Nigeria and comprises a rapid health situation assessment and institutional capacities and systems assessment. The activities in Mozambique will be completed by December 2018 and those in Ghana and Nigeria by May 2019.

9. Other materials on ASGM and health that are in progress include guidance on how to conduct a rapid assessment of the health situation of ASGM miners and their family members, based on the pilot carried out in the three African countries.

Dental amalgam

10. The phase-down of dental amalgam through the Minamata Convention can catalyse a profound change in dentistry. WHO developed and disseminated to member States, international oral health partners and other stakeholders a set of strategic interventions aligned with the nine measures set out in annex A of the Convention. Those interventions are directed towards a multipronged approach that combines waste management, knowledge management and the strengthening of health systems in the context of universal health coverage.[1]

Mercury-containing thermometers and sphygmomanometers

11. WHO is partnering in the GEF project entitled "Reducing UPOPs and Mercury Releases from the Health Sector in Africa", which is being implemented by the United Nations Development Programme (2016–2019). The project introduces mercury-free thermometers and sphygmomanometers in pilot health facilities in four sub-Saharan African countries (Ghana, Madagascar, United Republic of Tanzania and Zambia).

Mercury and methylmercury in fish

12. The Codex Committee on Contaminants in Foods is continuing its work on establishing maximum limits for mercury in fish.[2]

Biomonitoring

13. WHO, through its Regional Office for Europe, has collaborated with the United Nations Environment Programme on the implementation of a GEF project entitled "Development of a plan for global monitoring of human exposure to and environmental concentrations of mercury". A harmonized approach to the assessment of prenatal exposure to mercury has been developed, including a WHO survey protocol and a series of standard operating procedures for sampling and analysis. Data on exposure to mercury from seven countries has been collected and will be published in a scientific journal.

Intersessional work of the Conference of the Parties

14. WHO contributed to the work of the ad hoc group of experts on the arrangements for providing the Conference of the Parties with comparable monitoring data, and elements of an effectiveness evaluation framework under article 22 of the Convention. WHO participated in the meeting of the group, held in Ottawa from 5 to 9 March 2018. WHO also provided comments on the first draft of the guidance on the management of contaminated sites.

Global mercury assessment

15. WHO has led the development of a chapter on human biomonitoring of mercury for the 2018 Global Mercury Assessment, which presents global data on mercury exposure, shows trends over time and identifies data gaps.

World Health Assembly

16. As requested during the seventieth World Health Assembly, the WHO Secretariat will report to the seventy-second World Health Assembly and the seventy-fourth World Health Assembly on the implementation of resolution WHA67.11.

[1] http://www.who.int/bulletin/volumes/96/6/17-203141.pdf.

[2] http://www.fao.org/fao-who-codexalimentarius/meetings-reports/en/.